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MINISTRY OF HEALTH.

REPORT

OF THE

POSTGRADUATE MEDICAL EDUCATION COMMITTEE.

*Presented by the Minister of Health to Parliament by Command
of His Majesty*

April, 1930.

LONDON:

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POSTGRADUATE MEDICAL EDUCATION COMMITTEE.

MEMBERSHIP AND TERMS OF REFERENCE.

The Committee were appointed in July, 1925, under the Chairmanship of the Rt. Hon. A. Neville Chamberlain, M.P., as Minister of Health, and with the following membership :—

- SIR GEORGE BLACKER, C.B.E., M.D., F.R.C.P., F.R.C.S., Consulting Obstetric Physician, University College Hospital, and formerly Dean of the Medical School.
- SIR JOHN BLAND-SUTTON, Bt., LL.D., F.R.C.S., Consulting Surgeon, Middlesex Hospital, and past President of the Royal College of Surgeons.
- SIR ROBERT BOLAM, O.B.E., M.D., F.R.C.P., Honorary Physician, Skin Department, Royal Victoria Infirmary, Newcastle-on-Tyne; past Chairman of Council, British Medical Association.
- DR. H. G. DAIN, M.B., M.R.C.S., Chairman of Insurance Acts Committee, British Medical Association; in general practice in Birmingham.
- THE RT. HON. LORD DAWSON OF PENN, G.C.V.O., K.C.B., K.C.M.G., M.D., F.R.C.P., Physician in Ordinary to His Majesty the King; Physician, London Hospital.
- MR. H. L. EASON, C.B., C.M.G., M.D., M.S., Superintendent and Senior Ophthalmic Surgeon, Guy's Hospital.
- SIR THOMAS HORDER, Bt., K.C.V.O., M.D., F.R.C.P., Physician in Ordinary to His Royal Highness the Prince of Wales; Physician, St. Bartholomew's Hospital.
- PROFESSOR HUGH MACLEAN, M.D., Professor of Medicine, University of London; Director of Clinical Medical Unit, St. Thomas's Hospital.
- SIR GEORGE NEWMAN, K.C.B., M.D., F.R.C.P., F.R.C.S., Chief Medical Officer, Ministry of Health.
- DR. JOHN PARKINSON, M.D., F.R.C.P., Physician with charge of Out-Patients and in charge of Cardiographic Department, London Hospital; Physician, National Hospital for Diseases of the Heart.
- MR. H. J. PATERSON, C.B.E., M.C., M.D., F.R.C.S., sometime Hunterian Professor of Surgery, Royal College of Surgeons; Senior Surgeon, London Temperance Hospital; Honorary Secretary, Fellowship of Medicine and Post-Graduate Association.
- SIR W. ARTHUR ROBINSON, G.C.B., C.B.E., Secretary, Ministry of Health.
- SIR HUMPHRY ROLLESTON, Bt., G.C.V.O., K.C.B., M.D., F.R.C.P., Physician in Ordinary to His Majesty the King; Regius Professor of Physic, University of Cambridge.
- MR. A. E. WEBB-JOHNSON, C.B.E., D.S.O., T.D., F.R.C.S., sometime Hunterian Professor of Surgery, Royal College of Surgeons; Surgeon and Honorary Treasurer (formerly Dean) Medical School, Middlesex Hospital.

In June, 1929, The Rt. Hon. Arthur Greenwood, M.P., succeeded to the Chairmanship of the Committee on his appointment as Minister of Health.

In November, 1926, SIR JOHN BLAND-SUTTON resigned and was succeeded by SIR BERKELEY MOYNIHAN, Bt., K.C.M.G., M.S., President of the Royal College of Surgeons (now LORD MOYNIHAN OF LEEDS), Consulting Surgeon, Leeds General Infirmary; Emeritus Professor of Surgery, Leeds University.

The terms of reference to the Committee were: "To draw up a practicable scheme of postgraduate medical education centred in London."

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REPORT.

THE Committee appointed by the Minister of Health (Mr. Neville Chamberlain) in July, 1925, to draw up a practicable scheme of postgraduate medical education centred in London, have unanimously agreed, under the Chairmanship of the present Minister (Mr. Arthur Greenwood), upon the following Report.

Introductory.

2. It is a commonplace that the process of education ought not to end with school or University, but should be continued throughout life. It is even more obvious that continued education of medical practitioners is specially valuable to them, and through them to all who are, or may become, their patients, and to the advancement of the science and art of medicine.

3. If the medical practitioner is to render to the community the fullest service of which he may be capable, he must be given opportunities, and direct stimulus, from time to time in his professional life, to refresh the knowledge which he took with him in his early manhood when he emerged from his Medical School and began to practise. He must also be enabled to acquire knowledge which he could not acquire when he was a medical student because it had not yet been revealed. And special provision must be made to bring within his reach yet other knowledge which is out of his reach because of the day to day circumstances and claims of his practice.

4. Hence it has never been supposed, least of all by members of the medical profession, that the practitioner can retain or increase the knowledge of the science and art of medicine which he ought to have and apply, unless he is given facilities for further professional study after he has first qualified, in other words, facilities for postgraduate medical education.

Previous Provision in this Country for Postgraduate Medical Education.

5. More than thirty years ago it became obvious that one of the most pressing problems in regard to the advancement of British medicine was the provision of facilities for postgraduate study. There were, and are, three main reasons why this problem demanded attention and why it has become increasingly predominant and urgent.

First, the enormous growth in the science of medicine and surgery which followed the epoch-making work of Pasteur and Lister made it impracticable to render the curriculum of the medical student

sufficiently comprehensive to turn him out at the end of his course a completely competent practitioner of medicine for the rest of his working life.

Secondly, for the same reason, the medical man in practice found it necessary from time to time to refresh his mind and add to his understanding of new knowledge.

Thirdly, the expansion of the British Empire and the rapidly increasing intercommunication between civilized peoples brought to Europe ever larger numbers of medical men from all parts of the Empire and from other countries in search of opportunities for further and fuller study of the different aspects of medicine and surgery in which they were particularly interested.

6. The operation of these three influences became so active and insistent that in the early 'nineties an attempt was made to meet this demand in England, as in fact it was being met in France, Germany, Austria, and elsewhere. It was found that whilst numbers of senior students came to England, no adequate facilities were provided for their postgraduate study, and they had no alternative but to seek such facilities elsewhere. Yet the soil of Britain was in fact not less fertile than that of its great neighbours; the only thing lacking was opportunity. Pioneering steps were taken by Sir Jonathan Hutchinson, Sir William Broadbent, and Dr. Theodore Williams, and the Medical Graduates' College and Polyclinic was opened in association with the famous Museum founded by Hutchinson. No hospital was, however, included in the organization, and the establishment was in other ways inadequate.

In 1919, largely at the initiation and through the influence of the late Sir William Osler, the Fellowship of Medicine was founded with the aim of organizing a general scheme of postgraduate education in London. Subsequently, the Fellowship of Medicine was amalgamated with the Postgraduate Medical Association. Several of the great Hospitals and Medical Schools, and almost all of the non-undergraduate general and special Hospitals, are affiliated with the Fellowship of Medicine, and with their valuable co-operation a continuous programme of postgraduate courses, lectures and demonstrations is arranged throughout the year. In addition, some of the large general Hospitals make postgraduate provision for their own old students.

The pioneer work done by the Fellowship of Medicine has undoubtedly emphasized the need for a Postgraduate Hospital in London. The fact that, in spite of many difficulties, nearly 6,000 postgraduates have been enrolled by the Fellowship of Medicine, and over £16,000 has been distributed to the teachers taking part in the work of postgraduate instruction, gives a forecast of what may be expected after the establishment of a Postgraduate Hospital.

The Present Urgency of the Problem.

7. Within quite recent years additions to existing knowledge of curative and preventive medicine and surgery have been made in so many different fields, and at such frequent intervals, that the importance of increasing what facilities exist for postgraduate medical education has grown, and grown with great rapidity.

8. A few examples, one or other of which will come home to many thousands of patients and their families as practical discoveries which have brought better health and longer life in their train, are—

(1) The discovery and application of radium and the invention and use of such instruments as the X-Ray apparatus and the electrocardiograph.

(2) The advances in biochemistry which have given us knowledge of the existence and properties of vitamins and the effects of their presence in, or absence from, many kinds of foods.

(3) The studies of nervous disease through which practitioners can now differentiate and treat many painful and dangerous conditions formerly indistinguishable and therefore less accessible to treatment.

(4) The developments of bacteriology which enable new preventive and curative methods to be applied to a variety of infectious diseases and infected conditions.

(5) The progress towards control of tropical disease which has taken shape in such increasingly successful campaigns as those against the causative agents of malaria and sleeping sickness.

(6) The extensions of chemo-therapy and organo-therapy which have brought powerful new means to assist in the cure and relief of such grave diseases as syphilis (in treatment with salvarsan), diabetes (in the administration of insulin), and severe anæmias (in the use of liver extract).

(7) The immense and increasing scope of modern surgery.

(8) The discovery and application to the whole community of new means of safeguarding the public health in the widest sense.

Apart from these major and specific advances, it is of the utmost benefit both to practitioner and patient that practitioners in their daily work should have at their command an up to date knowledge of continuous technical progress which is being made in such matters as co-ordination of clinical and pathological methods, administration of anæsthetics, taking and examining specimens of blood, and numerous forms of minor surgery.

9. Further, the trend and development of relations between medicine and the well-being of the people has brought about in this and other countries a series of general and local Acts of Parliament

establishing social medical services for the purpose of promoting industrial welfare, coping with domestic problems of sanitation and personal hygiene, and reducing incapacity for work caused by sickness.

A new need has thereby been created for the medical practitioner to appreciate what may be called social aspects of medicine, and to qualify himself to participate in the working of social medical services.

Findings of the Earl of Athlone's Postgraduate Medical Committee, 1921.

10. In 1921 the vital importance of spreading new knowledge as widely as possible among medical practitioners, and of enabling them to refresh the knowledge which they already possess, and the obvious fact that in this country these needs were not fully met, led the Minister of Health (Dr. Addison) to appoint a representative Committee to investigate the needs of medical practitioners and other graduates for further education in medicine in London, and he was successful in prevailing upon the Earl of Athlone to act as its Chairman.*

The full and authoritative inquiry made by the Postgraduate Medical Committee into the requirements of the situation has rendered it unnecessary for the present Committee to undertake a similar task ; and since they are generally in agreement with the recommendations arrived at as the result of that inquiry, no useful purpose would be served by discussing them afresh in this Report.

It is enough to say that the main finding of the Earl of Athlone's Committee, who reported in May, 1921, was that the provision then existing for the further education in medicine in London of medical practitioners and other graduates was seriously deficient in two respects.

Establishment of the London School of Hygiene and Tropical Medicine.

11. The first defect, the lack of adequate provision for instruction in public health and cognate subjects, and for research in preventive medicine, was remedied in 1922 by the establishment of the London School of Hygiene and Tropical Medicine, which was made possible by a munificent gift from the Rockefeller Foundation.

* The membership of the Postgraduate Medical Committee was as follows : The Rt. Hon. the Earl of Athlone, G.C.B., G.C.M.G., G.C.V.O., D.S.O. (Chairman) ; Dr. H. J. Cardale, M.B., C.M. ; Sir Wilmot Herringham, K.C.M.G., C.B., M.D. ; Sir George Makins, G.C.M.G., C.B., LL.D., F.R.C.S. ; Sir George Newman, K.C.B., M.D. ; Sir Robert Newman, Bt., D.L., M.P. ; Sir Edward Penton, K.B.E. ; Sir E. Cooper Perry, M.D. ; Dr. J. Dill Russell, M.B., F.R.C.S. ; and Dr. T. W. Shore, O.B.E., M.D.

The School buildings in Bloomsbury were opened by H.R.H. the Prince of Wales in July, 1929. Professors and students are at work in the School; and its national and Imperial importance has been recognized by the provision of a grant towards the cost of its maintenance out of public funds and by certain contributions to that purpose from the Colonies.

The Outstanding Need for a Postgraduate Hospital and Medical School in London.

12. The second defect still remains. It is that there is no Hospital and Medical School in London exclusively devoted to providing practical courses for doctors resident in this country, in the Empire beyond the seas, and abroad who wish to refresh their knowledge, to obtain instruction in new developments of medicine, surgery, and obstetrics, or to participate directly in the clinical practice of the Hospital.

13. There are three main reasons for which it may be held that the provision of further postgraduate teaching would be more likely than any other action to advance the general level of medical practice, not merely in this country, but throughout the Empire, and beyond it.

I.—The Imperial and International Value of a British Postgraduate Hospital and Medical School.

14. First, the service to be rendered through a British Postgraduate Hospital and Medical School must be reckoned not merely in relation to the Metropolis or even to this country as a whole, but with a proper appreciation of what that service might be to the British Empire and indeed to the entire world.

15. There are large numbers of medical men, not only at home but throughout the Empire, in the United States of America, and in other countries, who from time to time seek an opportunity, in periods of leave, to concentrate on study of some particular scientific problem in which the conditions of their work have given them a special interest. In so far as these problems are tropical or are problems of public health, provision is being made for postgraduate students at the London School of Hygiene and Tropical Medicine. Those who were responsible for settling the organization of that School always had in mind the conception of a postgraduate institution which, while meeting the needs of this country and of the Dominions and Colonies, would also be international in its appeal.

16. There is an equally urgent need for a general Postgraduate Hospital and Medical School in London embodying the same ideal and principle. Such arrangements as now exist in this country for postgraduate training are partial and intermittent. The object to

be achieved by the establishment of the Postgraduate Hospital and Medical School is to concentrate and develop facilities for this training in one accessible centre so efficient as to commend itself not merely to our own country and Empire, but also to those foreign countries whose medical practitioners now find themselves compelled to pass us by in the search for the best postgraduate instruction.

17. A properly organized Postgraduate Hospital and Medical School, such as the Earl of Athlone's Committee had in view, with a staff of visiting experts including acknowledged leaders in medicine and surgery, would attract, and should be of immense value to, students from the Empire and abroad who at present have no means of taking advantage of practical work accomplished in this country. The provision of effective postgraduate teaching in London is therefore not in any sense a narrowly national problem. It is not too sanguine to contemplate that such a centre would meet not solely a national or even an imperial need, but also an international need.

II.—*The National Value of a British Postgraduate Hospital and Medical School.*

18. Secondly, the establishment of a British Postgraduate Hospital and Medical School would substantially advance the further scientific training of medical practitioners in this country after they have qualified.

It is generally conceded that undergraduate teaching in Great Britain, that is, the teaching given to medical students which enables them to qualify as practitioners, will stand comparison with any in the world. But the undergraduate curriculum is now so extensive that any further addition to it is impracticable without lengthening the minimum course, and without an increase in time and cost of training which would seriously limit the future recruitment of the profession.

19. Nor is it possible, as has been shown by experience in the Medical Schools where undergraduate teaching is carried on, to meet the present need by arranging for the medical student and the qualified practitioner to pursue their higher (or postgraduate) studies together in the existing Schools provided primarily for teaching medical students. The Earl of Athlone's Committee considered this problem fully, and came to the conclusion that it was not only undesirable, but impracticable, to attempt to teach undergraduate and postgraduate students in the same School.

20. Yet the knowledge and experience possessed by the undergraduate at the moment when he qualifies needs to be supplemented, after his qualification, by postgraduate instruction. There are obvious and inevitable limitations to undergraduate teaching in

medicine, not only because the curriculum cannot be further loaded, but also because it is impossible to give to the young student that degree and kind of participation in direct medical treatment of the patient which alone can complete the competence of the practitioner either in general practice or as a specialist.

21. Further, a British Postgraduate Hospital and Medical School established in London would have an important influence in bringing about a closer inter-relation than exists to-day between the twelve Hospitals in London having Medical Schools with great resources of experience in the science and art of medicine and the development of medical skill.

III.—*The Special Value of a British Postgraduate Hospital and Medical School to the Country Doctor.*

22. Thirdly, if further postgraduate teaching in London could be made easily accessible to the country doctor, great benefit should result to the doctor and, in consequence, to his patients. It is still the case throughout the rural parts of Great Britain, and even more in other countries within and beyond the Empire where populations are sparser, distances greater, and communication more difficult, that the country doctor must usually do his work in some degree of isolation. The problem is how to keep him in touch with new developments in medicine and surgery.

In this country he leaves his Hospital on graduation with a training as prolonged and complete as it is possible to attempt with a large body of students. But once he has become absorbed in practice he has few opportunities, even though he is fortunate enough to join the staff of a local Hospital, to keep his knowledge up to date.

23. There is a great need of short and highly concentrated refresher courses for such men. In this country an experiment on a small scale has been and is being made by arranging such courses in certain centres for practitioners isolated in rural areas whose practices consist in part of work under the National Health Insurance Acts.

These courses, few and restricted in scope and duration as they are, have been greatly appreciated by the practitioners who have taken part in them.

24. It is an example, and an example only, of the value of a British Postgraduate Hospital and Medical School, that recourse to its facilities might fairly be expected to maintain and increase the efficiency of medical service provided for over sixteen and a half million men and women in Great Britain under the National Health Insurance scheme, if year by year a certain proportion of the seventeen thousand insurance practitioners, particularly those who are remote from any important Hospital centre, could be given a chance of taking carefully planned refresher courses.

Formulation of a Scheme for the Establishment of a British Postgraduate Hospital and Medical School.

The Nature and Conditions of a Practicable Scheme.

25. The Committee have borne in mind throughout their inquiry that the duty laid upon them by their terms of reference is one which must be performed, if it is to be performed at all, within certain limitations dictated by the facts of the present position of medical education in London, and by financial and other probabilities such as reasonable men must take into account in attempting to devise any scheme of postgraduate medical education centred in London which is to be, as their terms of reference call it, "a practicable scheme."

26. They have interpreted this expression as meaning that it would have been beside the point for them merely to set out characteristics which should be found in a perfect scheme of postgraduate medical education centred in London; for such a scheme would not be practicable, because it could not be translated into practical effect within a reasonable time.

27. The course followed by them in making their inquiry has therefore, in their view, necessarily been on the one hand not to lose sight of the breadth and magnitude of the objects to be aimed at, and, as they believe, to be attained, in the full development of the scheme which they were to recommend; and on the other hand, as they hope, to retain for the scheme a practicable character by keeping throughout a firm grasp of the conditions of money, time, and opportunity under which alone any scheme can rapidly be set in operation and can realize its great potentialities without undue delay.

28. A scheme of postgraduate medical education centred in London, if devised on any scale which in the opinion of the Committee would be adequate to the needs of the situation, must involve either a large capital outlay on buildings and equipment, or the acquisition of an existing institution which, subject to necessary adaptations, is to be an asset equivalent in value to the capital sum otherwise required for the new purpose.

29. Since the scheme must include in its scope a Hospital with a number of beds not only large at the outset, but capable of expansion on still broader lines as postgraduate medical education in London achieves the aims which the Committee assert with confidence should be set before it, it must further involve the regular and ready provision of a substantial and increasing sum of money for the maintenance of Hospital beds.

30. In addition, the scheme in its educational aspect must involve the provision and maintenance of a Medical School whose staff, equipment, and premises must not be, or be allowed to become, at any point inferior in standard and reputation to the best attainable.

31. With these governing conditions held constantly in view, the Committee have proceeded by a process of elimination to consider and put aside, though always with reluctance, a series of projects which at various points and in different degrees have been found on examination either to be impracticable although desirable, or to be inconsistent, although practicable, with the principles which the Committee believe that a scheme must satisfy from the first if it is to be expected to secure either credit or success.

32. The various alternative schemes which have been considered and ultimately rejected by the Committee, and the grounds on which they arrived at the conclusion that none of these alternatives was a desirable and practicable scheme of postgraduate medical education centred in London, are briefly recorded in the following paragraphs.

Schemes Considered but not Recommended.

I.—Building and Maintenance of a New Institution.

33. At the beginning of their inquiry the Committee gave careful consideration to the question whether they could discharge the duty incumbent upon them, namely, to draw up a practicable scheme, by recommending the establishment of an entirely new institution as the British Postgraduate Hospital and Medical School.

34. A scheme on this basis would, if practicable, have had the obvious advantages that the site and design of the buildings, and the necessary equipment, could have been chosen from the first in the light of the best professional and technical advice obtainable; that ample room could have been provided for material expansion of the organization to keep pace with the growing popularity of the scheme; and that any difficulties inherent in the adaptation of the form of government of an existing institution (including the arrangements for teaching in any existing Medical School) to the needs of the scheme could have been, if not entirely removed, substantially mitigated.

35. But at an early stage of their proceedings it became apparent to the Committee that to recommend a scheme which was based on the establishment of a wholly new institution would be inconsistent with their duty to devise a practicable scheme.

36. They arrived at this conclusion primarily on the ground that the cost of any such scheme must be so great as to remove any reasonable expectation that the scheme, if recommended by them, could be carried out within any period of time that could be foreseen, or under any conditions that appeared likely to be satisfied.

37. The Committee have worked upon the considered assumption that no scheme would be adequate which did not make available, if not at the outset, at a very early date after its inauguration, a minimum number of Hospital beds which could not be put lower than 400.

38. On this assumption the best estimates which they were able to form of the cost of any scheme involving the establishment of a wholly new institution were as follows :—

39. (1) *Acquisition of Land*.—The cost of acquiring sufficient land in or near central London on which to erect and develop an institution even of the minimum size requisite for the purposes of the scheme must clearly be large, though it could not be expressed in precise figures in advance of any definite selection of a site or sites.

40. (2) *Cost of Construction*.—To build a new Postgraduate Hospital and Medical School with 400 Hospital beds must cost (excluding the cost of the site) at least £400,000, or not less than £1,000 a bed, this minimum estimate including the provision of the necessary range of laboratories, demonstration rooms, and lecture rooms, but excluding the provision of a residential hostel for postgraduate students (an element in the scheme which, as the Committee are now convinced, must be regarded as indispensable).

The total capital cost of a scheme on this basis, including the cost of land and of a residential hostel, could not therefore safely be estimated at any figure less than £500,000.

41. (3) *Cost of Maintenance*.—The cost in each year of maintaining a Postgraduate Hospital with 400 Hospital beds must at the lowest be not less than £100,000 a year. This estimate, based on the experience of London Hospitals with Medical Schools, excludes, as is customary in the accounts of such Hospitals, the cost of maintaining the Medical School as distinct from the Hospital. A careful examination of the amount of income which might be expected in the normal course to be available towards meeting this annual charge indicated that any grant from King Edward's Hospital Fund for London, and any payments by patients, could not be expected to produce much more than £25,000 a year to set against the sum of £100,000.

42. It followed that the balance of the sum required each year to meet the cost of maintaining a Hospital with 400 beds as part of a new Postgraduate Hospital and Medical School would have to be raised either by means of an endowment fund of the order of magnitude of £1,500,000 ; or by means of voluntary subscriptions, for which there is already a clamant and competitive demand from existing voluntary Hospitals in London with a long history and a firmly established body of supporters ; or at the expense of the ratepayer or taxpayer, or both.

43. The Committee could find no reasonable ground for assuming that, even if the capital cost of such a scheme were ultimately defrayed from some source on which they were not in a position to rely, the income required to maintain the new Postgraduate Hospital and Medical School (even on its initial scale) would in fact be forthcoming.

II.—*Conversion of an Existing Hospital having a Medical School*

44. Concurrently with their investigation of the practicability of a scheme based upon the establishment of a new institution, the Committee were enabled, by the courtesy of the authorities of existing Hospitals in London which now have Medical Schools for the instruction of undergraduate medical students, and of certain other large Hospitals, to visit the Hospitals and Medical Schools and to examine in some detail the question whether a practicable scheme of postgraduate medical education in London could be devised by means of the conversion of one of the Hospitals having Medical Schools into the British Postgraduate Hospital and Medical School.

45. Although it proved impossible to devise a practicable scheme by this means for a single and sufficient reason which will shortly be stated, the Committee think it well to put briefly on record the main advantages which in their view might have been expected to result from the inauguration of a scheme on this basis.

46. (1) Any Hospital of this type should, on its conversion into the British Postgraduate Hospital and Medical School, have retained the reputation and traditions by which it holds its present place among London teaching Hospitals, and though difficulties would naturally have been found in adapting the form of government of the Hospital to the needs of the scheme, those difficulties might well have been faced with the object of enlisting the help of a medical staff of high calibre, and of an enthusiastic group of lay supporters, in inaugurating the new venture.

(2) Any such Hospital would have been conveniently located in relation to the medical centre of London.

(3) Any such Hospital would already serve a large area in and beyond London, and would therefore on its conversion provide ample and varied facilities for clinical work by postgraduate students.

(4) The conversion of any such Hospital and Medical School into the British Postgraduate Hospital and Medical School might well be expensive, but it might reasonably be expected not to cost so much as the erection of a new building. It would, moreover, not encounter the objection widely felt to the expenditure of very large sums of money on what is colloquially called bricks and mortar, and would not add to the existing number of voluntary Hospitals in London.

47. The further pursuit of these advantages did not, however, become open to the Committee, because it was in their view essential in the light of the findings of the Earl of Athlone's Committee, and of their own knowledge of the methods by which medical education is carried on, that if the authorities of any Hospital in London with

a Medical School wished the question of the conversion of their institution into the British Postgraduate Hospital and Medical School to be further considered, they must accept the condition that the teaching of undergraduate medical students in the Medical School should cease.

48. When this condition was conveyed to the authorities of the Hospitals who had been so good as to enter into preliminary discussion with the Committee, it was found that there was no Hospital and Medical School otherwise suitable for conversion whose authorities were ready to accept it.

49. The Committee were accordingly not in a position to proceed further with any proposal to draw up a practicable scheme of post-graduate medical education in London by means of the conversion into the British Postgraduate Hospital and Medical School of an existing Hospital having a Medical School.

III.—*Conversion of an Existing Voluntary Hospital not having a Medical School.*

50. The Committee were from the first not unmindful of the possibility that a practicable scheme, if it did not take the shape either of a new Hospital and a new Medical School, or of a Hospital and Medical School of which neither was new, might be arrived at by means of the conversion of an existing Hospital and provision of a new Medical School.

51. Of existing Hospitals in London without Medical Schools which came under review by the Committee for the purpose of ascertaining whether a practicable scheme could be devised on this basis, one, the West London Hospital at Hammersmith, was considered with special care; and the prolonged and laborious collaboration with the Committee which the authorities of the Hospital were so good as to undertake deserves an acknowledgment in this Report no less cordial because the Committee have not eventually found themselves able to recommend the conversion of the West London Hospital into the British Postgraduate Hospital and Medical School.

52. The West London Hospital is a voluntary Hospital without a Medical School, situated in the Hammersmith Road and occupying part of a site of $2\frac{1}{2}$ acres owned by the governing body. It was opened in 1856 and was incorporated by Royal Charter in 1894. In 1928 the Hospital had 225 beds. The number of new out-patients in that year was over 41,000, and the number of out-patient attendances over 275,000. The cost of maintaining the Hospital in each year is between £50,000 and £60,000, and since only about £3,000 a year is secured from invested funds, the balance of £50,000 or so has to be sought from voluntary subscriptions and donations. In 1928 the

total income of the Hospital was just over £56,000, and the total expenditure nearly £55,000, so that on the year's account there was a balance of just over £1,000. There was, however, an outstanding deficit of over £7,500 at the beginning of 1928 on the income and expenditure account.

53. Provision for postgraduate medical education has been made at the Hospital since 1892 by means of the West London Post-graduate College, which forms an integral part of the organization.

The facilities at the College were described by the Earl of Athlone's Committee in 1921 as including (a) clinical teaching in the wards and out-patients' departments ; (b) daily clinical lectures ; (c) courses of clinical demonstrations ; (d) special practical tutorial classes in a large range of subjects ; (e) laboratory instruction for public health and other diplomas. Arrangements were also made for instruction at certain special Hospitals and at a local maternity and child welfare centre. There was a regular staff of lecturers and demonstrators attached to the College, most of whom were also members of the medical staff of the Hospital.

54. The governing body of the Hospital is a Board of Management consisting of a Chairman and between 30 and 40 members, of whom a certain number are also members of the medical staff of the Hospital. The Charter incorporating the Hospital made further provision for its governance by means of regulations relating to a President, Vice-Presidents, Governors, Life Governors, and Honorary Governors.

55. It also enabled the President and Governors, with the sanction of two successive special general meetings called for the purpose, to surrender the Charter on terms approved by the King in Council, and to empower the Board to deal with the affairs of the Hospital in such a manner as they might think expedient, having due regard to existing liabilities. Any Supplementary Charter granted to the Hospital was to become effective only if accepted by the vote of two-thirds of the members of the corporation (that is, the President and Governors) present at a general meeting of their body.

56. Between June and November, 1926, the Hospital, which had then recently increased its accommodation for patients from less than 150 to over 200 beds, was informally visited by certain members of the Committee.

In March, 1927, the authorities of the Hospital were formally invited (at a conference with a Sub-Committee of the Committee) to consider the question of the conversion of the Hospital for the purposes of the scheme which the Committee were attempting to devise, on the assumption that the accommodation for patients would ultimately be increased to 400 beds, and that, since the Hospital would remain a voluntary hospital, the authorities of the Hospital would continue to be responsible for the maintenance of the beds increasing in number up to the ultimate maximum of 400.

57. In April, 1927, the authorities of the Hospital informed the Committee that the Board viewed with considerable concern the heavy financial responsibility which the scheme in its complete form involved, but had nevertheless unanimously approved the general principle of co-operation by the Hospital on the lines discussed, and would do everything in their power to assist.

58. Progress was accordingly made with the elaboration of plans of extensions and other works necessary for the conversion of the Hospital into a postgraduate centre with an ultimate maximum of 400 beds, the principle of the plans being that since money was not available or in sight to enable this programme of works to be carried out either at once or at one time, it must be carried out piecemeal, and must interfere as little as possible with the normal work of the Hospital.

59. In order to make the financial aspects of the proposed scheme clearer, the authorities of the Hospital were asked in October, 1927, whether, on the assumption that the capital cost of conversion could be met, they would accept responsibility for the maintenance of additional beds, as and when they became available, up to the ultimate maximum of 400 beds. The Board of Management replied in November, 1927, that they accepted this responsibility in principle, subject to the settlement in due course of certain questions as to the apportionment of moneys raised from time to time to maintain the enlarged Hospital.

60. It became apparent in the course of detailed discussion of the plans for the conversion of the Hospital that the financial difficulties of carrying out a scheme on this basis were serious.

61. On the best estimates which the Committee were able to frame, the sums involved were, at the lowest, approximately as follows :—

(1) *Cost of Conversion of the Hospital.*—A sum of at least £350,000 would be required to secure the conversion of the Hospital into a postgraduate centre, consisting of a Hospital with, ultimately, 400 beds, and all the lecture rooms, laboratories, etc., required for the effective working of the Hospital and Medical School. This sum would not include the cost of equipping the Hospital and School, which might be estimated to be about £50,000. No money was available or in sight for the purpose of meeting this minimum capital outlay of £400,000.

(2) *Cost of Maintenance of the Hospital.*—The cost in each year of maintaining a Postgraduate Hospital with the ultimate number of 400 beds could not prudently be estimated at less than £100,000.

For the provision of this sum the Board of Management of the Hospital could only be encouraged to rely upon the enhanced prestige of the converted institution as a means of attracting voluntary subscriptions and donations.

(3) *Cost of Maintenance of the Medical School.*—No separate estimate was made of the cost in each year of maintaining the Medical School which would form part of the converted premises, as distinct from the cost of maintaining the Hospital beds. But it was anticipated that on the assumption that the Medical School would become a recognized School of the University of London, assistance required to supplement the income derived from students' fees might be forthcoming at the expense of the taxpayer through the University Grants Committee and the financial authorities of the University.

62. It will be clear from the foregoing estimates that the Committee and the authorities of the Hospital were confronted by the double necessity of raising, first, a capital sum of at least £400,000 once for all if the scheme was to be set in motion ; and secondly, an annual amount which could not safely be put at less than £100,000 (or endowment funds sufficient to produce the whole or part of that amount annually) if the scheme was to be kept in motion.

63. Conferences devoted mainly to the consideration of these difficulties, especially that involved in the maintenance of the beds in the converted and enlarged Hospital, took place between representatives of the authorities of the Hospital and representatives of the Committee in July and August, 1928 ; and in September, 1928, the Board of Management of the Hospital passed a resolution of which the material parts were as follows :—

“ The Board being desirous of furthering the proposal of the Ministry of Health to establish an Imperial Postgraduate College at the West London Hospital—is willing to associate itself with the Ministry in issuing an appeal to the British Empire for the necessary funds.

“ The Board, however, realizes that over and above any capital sum spent on buildings, etc., a very large increase in income will be required to maintain additional beds.

“ It therefore wishes to emphasize the fact, that without very considerable assistance from other sources, it cannot on its own responsibility guarantee to maintain such additional beds.”

64. An exchange of views between the Committee and representatives of the Board of Management followed in November, 1928, and elucidated the fact that the concluding part of this resolution had not been intended to suggest (as had appeared upon the face of it) that an appeal for funds to establish an organization of Imperial and international scope should also be addressed to the purpose of securing funds to maintain beds in a voluntary hospital which, as converted and enlarged, would form part of that organization ; but that it had been intended to suggest that some part of the money raised by any such appeal should be used as an endowment fund for the purpose of maintaining beds in the hospital.

65. From this and other comments made on the same occasion the Committee gained the impression not only that the Board of Management viewed with great anxiety their prospective responsibilities as an element in the governing body whose task it would be to maintain a greatly enlarged hospital, but, further, that in the minds of certain lay members of the Board, if not also among the medical staff of the Hospital, the question had arisen whether the West London Hospital would not be better off if it remained as it was.

66. The Committee, on the other hand, had now become deeply concerned to bring their labours to a fruitful conclusion by devising not, as has already been explained, a perfect scheme, but a practicable scheme, of postgraduate medical education centred in London.

67. They had sat for more than three years ; they had examined, and felt bound to reject, the alternative methods of arriving at a scheme set out in the previous parts of this Report.

Up to this moment the conversion of the West London Hospital was the most practicable, indeed the only practicable, means which they had been able to discern of securing the establishment of the British Postgraduate Hospital and Medical School within any period of time which could be foreseen.

68. They therefore responded with alacrity to a suggestion conveyed to them during December, 1928, that the Board of Management would be prepared to regard the proposed conversion of the Hospital with renewed favour if there were communicated to them on behalf of the Committee a general statement of the nature of the proposal, laying stress upon the height of the opportunity which it offered to those who had the future of the existing Hospital at heart ; and a further statement of the effect which the Board's resolution of September, 1928, had made upon the minds of the Committee.

69. A letter to this effect was sent to the Hospital in January, 1929, in the name of the Committee, and in the course of that letter it was stated that—

(1) The Committee were under the impression that the understanding between the Board and the Committee of the nature of the proposal, and of possible means of carrying it out, was still not complete, and were most anxious to remove any misapprehension which might exist.

70. (2) The Committee desired to be assured that they carried with them both the Board and the professional staff of the Hospital in appreciation and whole-hearted acceptance of a proposal which would involve, it was true, heavy sacrifices in time and thought on the part of those who carried it through, but promised in return, if it could be fully accomplished, most important gains to the health and welfare of mankind.

71. (3) The Committee understood that the Board had reconsidered the resolution passed by them in September, 1928, in the sense that they now realized and accepted the position in which the governing body of the new Hospital and Medical School would stand for the purpose of securing the money required for the maintenance of beds in that Hospital up to the maximum number of 400 which was contemplated.

The responsibility which would rest upon that body would, of course, be ultimately to maintain that number of beds in lieu of the 225 beds at present maintained in the existing Hospital.

But this responsibility would not have to be faced in full at once, and it seemed to the Committee that the Board of the existing Hospital could do much to enable the future to be faced with confidence by co-operating whole-heartedly in the appeal which had been contemplated to the public for money to secure the establishment of the new Hospital and of the Medical School (as distinct from the maintenance of beds in the new Hospital), and by determining, so far as they were concerned, to rely for obtaining the additional money which would be necessary to maintain any increased number of beds in the new Hospital upon public recognition of the altered status and character of the Hospital.

72. (4) While it had never been contemplated that any such appeal should be issued by the Minister of Health, a course which might be detrimental to the success of the appeal, the organization and management of such an appeal would in itself be a task of considerable magnitude, and the Committee had assumed that this task must be undertaken by an Appeal Committee under distinguished patronage, to be specially constituted for the purpose, on which they would expect the Board of the existing Hospital to be substantially represented.

73. In response to this letter the Board of Management of the Hospital, on the 22nd January, 1929, passed the following resolution :—

“ This Board, having considered the letter from the Secretary of the Ministry of Health of the 2nd January, and having received from the Medical Council the assurance of the whole-hearted support of the Professional Staff, welcomes the opportunity of the establishment of the British Postgraduate Hospital and Medical School by means of the conversion of the West London Hospital for such a purpose, and agrees to do all in its power to further such object on the basis of the letter from the Ministry of Health.

“ The Board requests its Chairman and the Dean of the Postgraduate College to confer with the Ministry of Health and the Postgraduate Medical Education Committee with a view to the appointment of a Committee to arrange for an early appeal for the necessary funds.”

74. It might appear from the foregoing narrative that by the passage of this resolution the last obstacle had been removed not, it is true, to the establishment of the British Postgraduate Hospital and Medical School, which was still remote, but to the conception of a practicable scheme, that is, a scheme based upon the conversion of the West London Hospital and the establishment of a new Medical School in conjunction with the converted Hospital.

75. In fact, however, the Committee could not but be aware that certain formidable difficulties remained to be surmounted. They had then long had in mind the provision of a fully equipped and modernized Hospital of not less than 400 beds as the nucleus round which a complete Postgraduate Medical Hospital and School should be built up. But it had become obvious that heavy capital expenditure would have been requisite to bring the West London Hospital up to this minimum size.

Further, the system of governance established under the Charter of the West London Hospital appeared to be altogether unsuitable to the needs of the Postgraduate Medical Hospital and School as the Committee conceived it, and drastic changes would have been requisite.

The Committee had, moreover, come to anticipate an early demand for the expansion of the minimum number of 400 Hospital beds, and any such expansion would have been extremely difficult to carry out on the restricted area ($2\frac{1}{2}$ acres) of the site of the West London Hospital.

76. At the moment when the Committee were proceeding to attempt to find means of removing these difficulties in the way of the only practicable scheme of postgraduate medical education centred in London which had as yet presented itself to them during more than three years of deliberation, they were confronted during the early months of 1929 by the emergence of another alternative which they could not reasonably dismiss as impracticable, and were accordingly bound to take into account while continuing to keep under consideration the resolution passed by the Board of Management of the West London Hospital in January, 1929.

77. The new element in the situation which inevitably brought this further alternative to the notice of the Committee was the rapid progress through Parliament of the measure which on the 27th March, 1929, became law as the Local Government Act, 1929.

78. That part of the Bill which was immediately germane to the question of devising a practicable scheme of postgraduate medical education centred in London was, of course, the clauses relating to the transfer of the functions of Poor Law Authorities to the Councils of Counties, including the London County Council, and the administration of those functions after the 1st April, 1930, by the Local Authorities.

79. These clauses (now included in the twenty sections which form Part I of the Act) were considered in Committee in the House of Commons before the end of 1928, and it was therefore by this time already clear that, subject to the exigencies of Parliamentary events, the London County Council would early in 1930 take the place of the 25 Boards of Guardians in London and become directly responsible (with minor exceptions which are irrelevant in the present connexion) for discharging their functions.

80. The Committee accordingly had before them, from an early date in 1929 onwards, a new prospect, which became increasingly definite throughout the early months of the year, that the London County Council would shortly be a Local Authority charged with the duty of providing and maintaining public accommodation for the sick poor in London.

81. What was directly relevant to the Committee's inquiry was that the existing institutions thus to be transferred to the London County Council included nearly 30 public Hospitals technically known as Separate Infirmaries.*

82. These existing public Hospitals in London contained between them in 1927 over 16,500 beds. The average number of these beds occupied in that year was nearly 14,000, and the total number of admissions to beds was nearly 127,000.

83. In order to indicate the arrangements which would be made for the administration of these Hospitals as part of the work transferred from the Guardians, the London County Council had to prepare and submit to the Minister what is called in the Act an administrative scheme.

84. The Council were required in preparing their scheme to have regard to the desirability of securing that, as soon as circumstances permit, the maintenance and treatment of sick persons and pregnant women in hospitals (as well as other services) are provided, so far as the law allows, otherwise than by way of poor relief, that is to say not under the Poor Law Act, 1927, but under the general law relating to public health and local government (including the Act of 1929).

85. If the Council had desired to deal with any service from the outset in this way, they would have had to include a declaration to that effect in their administrative scheme; but the conclusion at which they in fact arrived was that the time was not yet ripe for making such a declaration as regards maintenance and treatment in hospitals.

* A Separate Infirmary is an institution at present the property of Guardians, and about to become the property of the Council, which is wholly devoted to the reception of the sick. The chief officer of a Separate Infirmary is a Medical Superintendent, and the internal affairs of Separate Infirmaries are regulated by special orders (as distinct from the general order which regulates institutions belonging to Guardians, but not wholly devoted to the reception of the sick) made by the Minister of Health.

Their reasons for this decision were that, having regard to the varied character of the cases dealt with at the several institutions, and the manner in which the accommodation for such cases is distributed, they felt that at the present time it would not be desirable, even if it were practicable, to earmark particular institutions for specified purposes, and that any attempt to do so would seriously prejudice the formulation of a scheme for reclassifying and otherwise dealing with the transferred institutions. Before any such scheme could be prepared, it would be necessary for a complete survey to be made of the existing buildings and the nature of the accommodation in them, and to obtain as a result of actual experience evidence as to the requirements of the several classes of case to be dealt with.

86. At the same time, the Council have indicated their agreement with the view that maintenance and treatment in hospitals (among other services) should be provided otherwise than by way of poor relief as soon as circumstances permit, both by including a general declaration to this effect in their administrative scheme, and by referring this service (as well as other services transferred to them under the Act) to an enlarged and reconstituted Committee of the Council known as the Central Public Health Committee.

87. The administrative scheme of the London County Council, which was approved by the Minister of Health on the 30th October, 1929, accordingly provides for this to be done ; and it charges the Central Public Health Committee in particular with duties in relation to the following kinds of work which are specially relevant to the subject-matter of this Report :—

- (a) The provision, classification, maintenance and management of hospitals, and the making of arrangements for their visitation and inspection ;
- (b) Consultation and co-operation with voluntary hospitals and other hospitals serving the County ;
- (c) Dealing with cases requiring hospital treatment and their conveyance to and from hospital ;
- (d) The periodical review of cases receiving hospital treatment ;
- (e) The provision of local medical services ;
- (f) Laboratory services, medical instruction and the training of nurses and midwives in connexion with hospitals ;
- (g) The direction of staff exclusively employed at hospitals, and of district medical staff.

88. It has been explained that the scope of the work thus entrusted to the Central Public Health Committee in London, and the general plan on which it is to be carried out, are broadly as follows :—

The Central Public Health Committee will deal with the provision, classification, maintenance and management of hospitals for the sick, and arrange for their visitation. The term “ hospitals ” is

defined in the Council's administrative scheme as meaning places provided or used primarily for the reception of persons who require continuous medical and nursing treatment, other than mental hospitals. In this category, therefore, will be included the hospitals (other than mental hospitals) at present administered by the Metropolitan Asylums Board, and the hospitals or infirmaries under the control of the Guardians. The administration of the ambulance services of the Metropolitan Asylums Board and the Guardians, and (if so decided) of the existing ambulance service of the Council, will also fall within the duties of the Committee.

For the purposes of hospital administration, it is proposed to divide the County into five areas, each of which will be conterminous with the boundaries of a group of Metropolitan Boroughs. It will be possible to make the same areas suitable for the purposes of the School Medical Service, thereby enabling the Poor Law medical service, the public health organization of the Metropolitan Boroughs, and the School Medical Service, to be co-ordinated in each area. It is also contemplated that the hospital areas will be co-ordinated with the administrative areas proposed to be formed for the purpose of public assistance.

89. The Committee necessarily had present to their minds this and other information bearing on the legislative and administrative stages by which the London County Council were to be placed in the position of being an authority in control of a large number of public Hospitals, of which some at least appeared at first sight to afford a possible basis for a practicable scheme of postgraduate medical education centred in London.

90. It was out of the question, therefore, for the members of the Committee in the discharge of their duty to devise such a scheme (and for the majority of them as being, in addition, medical men deeply concerned in contributing by this means to the progress of the public health) to refrain in these circumstances from instituting a close comparison between the alternative possibilities which had now come before them, in order to ascertain which of these, in their judgement, was the more practicable and, in general, the more desirable.

The Scheme Recommended by the Committee.

Conversion of a Public Hospital.

General.

91. The conditions which the Committee have throughout had in mind in considering the possibility of converting a public Hospital belonging to the London County Council as a means of devising a practicable scheme of postgraduate medical education centred in London have been those stated in a previous passage of this Report, namely that, in order to be practicable, any scheme must present

favourable conditions as regards money, time, and opportunity for the establishment without undue delay of the British Postgraduate Hospital and Medical School, and the maintenance and development of the new Hospital and Medical School on a proper scale and at a proper rate.

92. Consideration of a scheme on this basis could not, however, profitably be instituted except after a process of selection from the total number (nearly 30) of such public Hospitals of those, or that one, which could be reasonably considered fit for conversion to the wider object in view. In carrying out this process the Committee devoted special attention to the possibilities of the Hospitals at Camberwell, Hammersmith, Lambeth, Lewisham, Marylebone, and Wandsworth.

93. This detailed inquiry has, of course, been regarded by the Committee as an important part of the duty incumbent upon them under their terms of reference, and its issue in an unanimous conclusion has enabled them greatly to simplify the problem of comparison to which their selection was a preliminary.

94. It was apparent to them, on an examination of such facts relating to the public Hospitals in question as could easily be studied on paper, that all but a few of these Hospitals did not present any advantages for the purpose of conversion into the British Postgraduate Hospital and Medical School.

95. These Hospitals having accordingly been excluded from comparison, there remained a small number, finally narrowed down by more detailed examination, and as the result of visits and personal inspections by medical members of the Committee, to two, namely, the Hospitals at Lewisham and Hammersmith.

After devoting a considerable period to a close examination and consideration of these two Hospitals, the Committee unanimously selected the Hammersmith Hospital as affording the most suitable basis for comparison of the alternative means of devising a practicable scheme.

96. The Hammersmith Hospital is a public Hospital (without, of course, a Medical School), situated in Ducane Road, Shepherd's Bush, on a site of 14 acres. It was built in 1905, and now has 400 beds, of which 334 are at present assigned to medical and surgical cases generally, 16 to gynaecological and obstetrical cases, and 50 to children.

The number of patients on any one day in the year 1928-9 ranged from a maximum of 420 to a minimum of 311. The average number throughout the year was 356.

97. The governing body of the Hospital is the Hammersmith Board of Guardians, who will be succeeded in April by the London County Council. The resident medical staff consists of the Medical

Superintendent and four Assistant Medical Officers. A consulting staff at present consisting of eight surgeons, including two ophthalmic surgeons ; four physicians, including two specialists in diseases of the skin ; two bacteriologists ; a dentist ; and a radiographer, are also available for the benefit of the patients when called in by the Medical Superintendent as occasion may require.

98. The general advantages of a scheme based on the conversion of the Hammersmith Hospital may briefly be set out under the following heads.

Financial Advantages.

Capital Cost.

99. As regards the capital cost of setting the scheme in motion, the fact of paramount importance is that in the Hammersmith Hospital there are already in use the full number of beds, namely 400, considered by the Committee to be the minimum number which ought, if possible from the outset, to be available as part of the British Postgraduate Hospital and Medical School ; and that the wards where these beds now are form part of a building none of which is more than 25 years old, and have been described by the London County Council (in considering the future of the Hospital as a Hospital without a Postgraduate or other Medical School) as " exceptionally good and well designed for the purposes of a hospital dealing with the acutely sick." A number of the medical members of the Committee who have recently had an opportunity of seeing these wards for themselves concur with this opinion.

100. The Committee feel that in endeavouring to foresee how the main capital cost of establishing the British Postgraduate Hospital and Medical School is to be provided, they have in the 400 beds in modern wards at the Hammersmith Hospital an asset equivalent in value to a large part of the sum which must otherwise be found in cash.

101. The Committee are not in a position to submit any estimate of the capital cost of conversion and equipment of the Hammersmith Hospital which should be regarded as precise, or accepted as binding upon those concerned with the execution of the scheme. But so far as they are able to frame any estimate, they are of opinion that the cost should not be more than half the amount required to construct and equip a new Hospital and Medical School, which (excluding the cost of a new site and of the provision of a residential hostel), as stated in a previous passage of this Report, may be taken as being not less than £1,000 for each Hospital bed. On this basis it should not cost more than £200,000 or £250,000 (1) to convert the Hammersmith Hospital into a postgraduate institution with 400 Hospital beds, (2) to equip the institution as converted, and (3) to provide residential accommodation for postgraduate students partly at the postgraduate institution but mainly elsewhere, namely at a separate hostel in the medical centre of London.

Cost of Maintenance.

102. As regards the cost of the maintenance of patients in the British Postgraduate Hospital and Medical School, if it were established by means of the conversion of the Hammersmith Hospital, the position after the 1st April, 1930, would, if the Hospital remained on its present basis, be that the cost of maintaining the Hospital was a charge upon the ratepayers of London as a whole.

The Committee see no reason why this position should be disturbed in the event of the association of the Hospital, after its transfer to the London County Council in April, with the British Postgraduate Hospital and Medical School. The Hospital will be and remain a public Hospital devoted, in the words of the Act of 1929, to the maintenance and treatment of sick persons and pregnant women.

103. The Committee would not wish it to be assumed, however, that in taking this view they have been unaware of a criticism upon it which may be expected.

It is obvious that for the purposes which the Committee have in mind it would be impossible to better the security of the London rates for the maintenance of the Hospital (as distinct from the Medical School) which forms an integral part of the British Postgraduate Hospital and Medical School. But it may well be asked why the London ratepayer should be required to give this security.

104. In the opinion of the Committee it is not unreasonable to suggest that as soon as, in April, the cost of the maintenance of all patients in the London public Hospitals (nearly 30 in number), of which the Hammersmith Hospital is one, becomes a charge common to the ratepayers of the whole County of London, it will be a proper if not an inevitable result that those patients under public care who in varying degrees require the most skilled and advanced types of medical and surgical treatment and attendance should be concentrated in a certain number of these public Hospitals.

What number of Hospitals should be selected for this purpose cannot at present be precisely estimated ; but it is clear that whatever Hospitals are so selected should if possible be modern buildings ; and that the Hammersmith Hospital, whether it remains on its present footing or is associated with the British Postgraduate Hospital and Medical School, is outstandingly suitable for use in this way.

105. It will not be contested that one of the objects of the transfer of responsibility for work of this type throughout the country from Guardians to Local Authorities is to encourage desirable improvements in the standard of treatment by a general widening of the area of charge for these services.

So far as any increase in the cost of maintenance of in-patients in public Hospitals in London occurs after the London County Council become responsible for these Hospitals, there is likely to be a positive advantage in economy to the ratepayers of London from the selection of certain Hospitals, among which the Hammersmith Hospital will in any event naturally be included, as Hospitals where specially advanced treatment is to be provided; and the advantage to patients assigned to such Hospitals of the services of a surgical and medical staff of the highest calibre is on the face of it obvious.

106. The Committee do not, therefore, feel that the association of the Hammersmith Hospital with the British Postgraduate Hospital and Medical School could fairly be said to involve any increased charge upon the ratepayers of London on account of the cost of maintenance of patients which should not arise apart from this alteration in the status of the Hospital; and they are confident that for any increased charge that could specifically be traced to this cause there would be a more than adequate return to patients in the Hospital, and through them to their fellow-citizens of London, in the restoration of patients to earning capacity, and in the development of knowledge of medicine and of its application in treatment.

107. It will be evident that, in the circumstances set out above, any estimate which the Committee may put forward of the future cost of the maintenance of patients in the British Postgraduate Hospital and Medical School, if it be based on the conversion of the Hammersmith Hospital, must clearly be even more conjectural than the estimate (£200,000 to £250,000) tentatively put forward of the capital cost of converting that Hospital, equipping it for the new purpose, and providing residential facilities for students of the School. But on the basis of the experience of London Hospitals with Medical Schools, to which reference has been made in paragraph 41 of this Report, the cost of maintaining patients in 400 Hospital beds at the new institution (exclusive, of course, of any expenses of maintenance of the Medical School) should be of the order of £100,000 a year, of which some part would be recoverable from patients or persons liable to maintain them.

Medical and Administrative Advantages.

General.

108. The Committee have dealt fully with the financial aspects of the scheme which they recommend because they believe it to be the first condition of a practicable scheme that it should offer a reasonable certainty of securing the money required both for the conversion of an existing Hospital into the British Postgraduate Hospital and Medical School, and for maintenance and development of the new institution.

They would, however, have felt great difficulty, as a body consisting predominantly of members of the medical profession concerned above everything to devise a practicable scheme which should contribute to the progress of British medicine, in agreeing unanimously to recommend a scheme based on the conversion of a public Hospital solely because it complied better than any alternative scheme with exacting financial requirements of the moment, and seemed more likely to respond to financial strains imposed upon it in the future.

109. But they have been relieved of any difficulty on this score in reaching an unanimous conclusion, because on medical and administrative points there is in their considered judgement no less a measure of advantage in the scheme based on the conversion of the Hammersmith Hospital as the public Hospital of their choice.

110. *Clinical Facilities.*—It is clear that both the Hammersmith Hospital and the West London Hospital serve a large area on the West side of London, with a population which is already dense and is still increasing, and that abundant facilities for clinical instruction of postgraduate students can be provided at the British Postgraduate Hospital and Medical School, whichever of the two Hospitals provides the basis of the new institution.

111. But the Hammersmith Hospital offers the definite advantage that it is one of nearly 30 public Hospitals about to be transferred to the London County Council, to which there were nearly 127,000 admissions in 1927; and that at any time after the transfer the Council would be in a position to assign cases drawn from a total of not less than this number to the British Postgraduate Hospital and Medical School, if the new institution is based on a public Hospital, in accordance with the requirements of patients for the most advanced types of medical and surgical treatment and attendance.

112. The West London Hospital, on the other hand, admitted only just over 3,600 in-patients during 1928; and as regards out-patients the Hospital is subject to the definite disadvantage that owing to its geographical position, the main entrance being directly on a congested main road, there is a very high proportion of admissions of cases of accidents and of surgical casualties. Over 22,700 of the whole number of about 41,000 new out-patients dealt with in 1928 are classified in the Annual Report of the Hospital for that year as "casualty patients," that is, in effect, patients whose emergencies compel the Hospital to admit them without any question of classification on clinical grounds.

113. *Medical Staff.*—It appears to the Committee that the conversion of the Hammersmith Hospital into the British Postgraduate Hospital and Medical School will not give rise to any difficulty as regards the position and responsibilities of the medical staff of the Hospital as it now stands.

The five officers who, as stated in a previous passage of this Report, form the entire resident medical staff of the Hospital, will in April next become members of the medical staff of the London County Council, and the Council will, if this course should prove desirable, be in a position to offer them similar appointments at other institutions.

The consulting staff of the Hospital are engaged on simple contracts whose termination, so far as may be thought necessary, is a matter easily susceptible of agreement with the governing body of the new institution; and membership of the consulting staff of a public Hospital at present confers upon holders of such posts no such rights with respect to the use of Hospital beds, the treatment of out-patients, or status as teachers, as have by long tradition become inherent in the occupancy of consulting posts on the staff of a voluntary Hospital.

114. *Governing Body.*—The Committee cannot but recognize that the elaboration of a proper system of government for a British Postgraduate Hospital and Medical School based upon the conversion of a public Hospital such as the Hammersmith Hospital will not be free from difficulty.

The association of the Hammersmith Hospital with the British Postgraduate Hospital and Medical School would, of course, make provision necessary, to some extent separately, for government both of the Medical School as an educational institution, and of the Hospital as a public institution, of which the London County Council would be the governing body, for maintenance and treatment of sick persons.

115. But the Council will not, until April, be in control of this or other public Hospitals in London of the same type, and the Committee have felt that it would be unreasonable to delay the submission of the practicable scheme which they believe they have devised, for the purpose of discussing with an authority not yet responsible for a Hospital the details of the administration of the Hospital if it were adopted for purposes which have not yet been examined outside the Committee, or given the financial and other support requisite for their realization.

It is, therefore, in their view desirable that they should make it clear that so far as they are concerned the detailed administration of a scheme based upon conversion of a public Hospital is a matter to be reserved for the close consideration which it needs until the scheme is not only accepted as practicable, but is within sight of translation into effect.

116. *Future Expansion.*—It has been pointed out in previous passages of this Report that if the British Postgraduate Hospital and Medical School realizes the wide possibilities which the Committee believe should be contemplated from the first, and should in

a few years be attainable, for an institution inaugurated with a proper sense of its international, Imperial, and domestic scope and importance, an increase of the minimum number of 400 Hospital beds which ought in their opinion to be available from the outset for the purposes of the instruction of postgraduate students on the same site as the site of the Medical School will within a short time become indispensable to the orderly development of the organization.

117. In anticipation of this event, the Committee have been mindful of the substantial advantages which would be secured by the choice of the Hammersmith Hospital as the nucleus of the British Postgraduate Hospital and Medical School.

118. Apart from the fact that the Hammersmith Hospital already contains the minimum number of 400 beds in modern wards, the Hospital stands on a site with a total area of 14 acres, which in April next will be wholly at the disposal of the London County Council as the authority responsible for the Hospital. A considerable part of this site is at present clear, and it is evident that the site as a whole leaves ample room not only for building the Medical School, which, in conjunction with the Hospital, will complete (with the exception of a residential hostel to be built in central London) the original establishment of the British Postgraduate and Medical School ; but also for such additions to the numbers of Hospital beds, and such expansion of the educational side of the organization, as may be called for by growing demands upon it which, in the Committee's view, are certain to be aroused from the moment when it comes into existence.

119. The site on which the West London Hospital stands is, on the other hand, a site with a total area of $2\frac{1}{2}$ acres only. It has never been contemplated in the course of the Committee's deliberations that, if the whole of this site were covered by the British Postgraduate Hospital and Medical School, provision could be made for a maximum number of more than 400 Hospital beds as part of the complete organization.

120. There would accordingly be no room on the site for any expansion of the Hospital side, or apparently of the educational side, of the organization once it had been established on the minimum scale which the Committee hold to be requisite to its effective initiation.

121. The attainment of this minimum scale on the Hospital side is, for the reasons already explained in this Report, not in view at any early date ; and had it proved on a more detailed expert examination, as the Committee feel might well have been the case, either that they had over-estimated the capacity of the site, or that they had under-estimated the initial requirements of the organization, the resulting readjustments of the scheme must either have been detrimental to its efficiency or difficult and costly to bring about.

122. It should be added that certain portions of the site are at present occupied by tenants for whom alternative accommodation would have to be found, in accordance with the Rent etc. (Restrictions) Acts, before these portions could be cleared for the erection of new buildings.

Requirements of the Scheme Recommended.

General.

123. The Committee cannot doubt, on a careful survey of the position with respect to items which must be taken into account in relation to the capital cost of converting the Hammersmith Hospital, that the advantage possessed by the Hospital from this point of view, namely, that there are already 400 beds in modern wards at the Hospital, is of outstanding importance.

124. But it must be admitted that the conversion of the Hospital into the British Postgraduate Hospital and Medical School will necessarily involve a considerable expenditure of capital on building and equipment, though the London County Council (in considering the extension of the Hospital on its present basis) have pointed out that "the cost per bed would be lower than at many other places owing to the fact that it is a modern building and that the administrative and other sections of the Hospital are well appointed."

125. The main requirements of the new institution to which the Committee think it desirable to invite attention in relation to the conversion of the Hammersmith Hospital are stated in the following paragraphs.

126. *Medical School.*—The cost of the building and equipment of all that part of the British Postgraduate Hospital and Medical School which would properly be classified as primarily educational, and therefore as part of the Medical School and not of the Hospital, must broadly be accepted as an inevitable part of the capital cost of the conversion either of the Hammersmith Hospital or of any other Hospital, since for the reasons already stated in this Report no existing Hospital having a Medical School is available for conversion.

127. *Residential Hostel and Access.*—The Committee have stated in a previous passage of this Report that they have come to regard the provision of a residential hostel for postgraduate students as an indispensable element in the scheme which they recommend for the establishment of the British Postgraduate Hospital and Medical School.

A residential hostel does not exist at the Hammersmith Hospital, and the cost of building and equipping such a hostel must accordingly be accepted as an inevitable part of the capital cost of the conversion of the Hospital.

128. The Committee think it may be convenient if they make it clear at this point that, on consideration of the question where and how this accommodation should be provided, they feel that the scheme may be so devised in this respect as to overcome, or at least to mitigate, an objection which may be felt to the Hammersmith Hospital, namely, the distance at which the Hospital stands from the medical centre of London.

129. It has seemed to the Committee that it would be preferable, in providing residential facilities for postgraduate students as part of the organization of the British Postgraduate Hospital and Medical School, to avoid the concentration of the whole of the facilities at the new institution itself.

The only practicable schemes in sight are based upon the conversion of Hospitals outside central London, and there are definite advantages in enabling some of the postgraduate students at the new institution to reside within easy reach of the London School of Hygiene and Tropical Medicine, and of the Hospitals other than the new institution at which postgraduate instruction in special branches of medical and surgical practice will, as the Committee hope, be provided for these students.

Nor must it be forgotten that postgraduate students, especially those who come from the Empire and abroad, will require recreation and social amenities for which they must look to central London, and will naturally prefer to live for at least part of their period of study within easy reach of these diversions.

130. What the Committee have in mind is accordingly that the residential facilities to be provided as part of the fabric of the British Postgraduate Hospital and Medical School should be accommodation for a limited number of postgraduate students, some of whom, as the Committee hope, would during the period of their residence be holding temporary appointments on the staff of the Hospital as internes, that is, as assistant resident physicians or surgeons ; and that as part of the organization, but not of the fabric, of the British Postgraduate Hospital and Medical School, further accommodation should be offered to postgraduate students of the new institution at a separate hostel in the medical and social centre of London.

131. On the cognate point of accessibility, the convenience of the British Postgraduate Hospital and Medical School from the point of view of teachers in the Medical School will depend mainly upon facilities for travelling by road, and medical members of the Committee who have proceeded by road to the Hammersmith Hospital think the Hospital is well placed, since it can now be reached by routes which are not specially congested, and the facilities for reaching it are likely to be increased in the near future.

132. Access to the British Postgraduate Hospital and Medical School from the point of view of postgraduate students will depend mainly upon facilities for travelling by electric train, and the Committee are satisfied that in this respect there are special points in favour of the Hammersmith Hospital.

133. The Central London Railway, which will naturally serve the new institution, if it stands on the site of the Hammersmith Hospital, through a station in any event not further off than Wood Lane, will be particularly convenient to students, in that it passes directly by the medical centre of London, and will enable students to alight in close proximity to certain Hospitals at which external instruction in special branches of medical and surgical practice ought to be arranged in conjunction with the courses at the British Postgraduate Hospital and Medical School itself, and to institutions, such as the Royal Society of Medicine, to which students will desire to turn for reference to medical literature and for other aids and amenities during their period of study.

134. The present suitability of the site of the Hammersmith Hospital in this respect will of course be substantially augmented if it proves possible, as the Committee earnestly trust it will, to offer the main part of the residential facilities for students of the British Postgraduate Hospital and Medical School, not on the site of the new institution, but at a hostel in the medical and social centre of London, and therefore on or near the line of route of the Central London Railway.

135. *Special Departments.*—It is convenient to assume for the present purpose that postgraduate instruction for students at the British Postgraduate Hospital and Medical School in special branches of medical and surgical practice will in the main be provided at Hospitals other than the postgraduate centre itself; but that whatever external instruction can thus be arranged, the centre will not be complete unless it includes at the least as part of its own structure special departments for the study of (i) tuberculosis, (ii) venereal diseases, (iii) ante-natal and post-natal conditions in women, and (iv) radiology.

The Hammersmith Hospital at present has no tuberculosis department or venereal diseases department. It includes a modern maternity ward with 16 beds, at present reserved for municipal patients, and an ante-natal clinic for which the Hammersmith Metropolitan Borough Council are financially responsible; and it has X-ray and electro-therapeutic departments.

136. *Out-Patient Department.*—It follows from essential differences between the present organization of public Hospitals and that of voluntary Hospitals that at the Hammersmith Hospital there is no out-patient department as such, though in 1928 the Hospital

received nearly 800 patients in the category of "urgent admissions," in circumstances more or less comparable with those in which casualties are admitted at voluntary Hospitals.

137. The cost of the construction and equipment of a suitable out-patient department (which among other things will receive casualties) at the Hammersmith Hospital must accordingly be accepted as an inevitable part of the capital cost of converting the Hospital into the British Postgraduate Hospital and Medical School.

138. *Nurses' Home*.—Expenditure on further provision for this purpose must be accepted as an inevitable part of the capital cost of the conversion of the Hammersmith Hospital.

139. The number of the nursing staff in 1928 was between 80 and 90. There was a nurses' home which accommodated about half this number ; but the staff were housed in three different parts of the Hospital, and some of them were overcrowded.

The necessity of providing better accommodation had been realized not only by the Guardians, but also by the London County Council in considering the future of the Hospital as a Hospital without a Postgraduate or other Medical School ; and it had been contemplated by both authorities (as part of a scheme for the extension of the Hospital involving a capital expenditure which might amount to £100,000) that a new nurses' home should be built for 100 nurses in the first instance, so designed as to be capable of enlargement to accommodate a maximum number of from 200 to 250 nurses.

Conclusion.

140. The Committee have now reached the conclusion of a Report to the effect that the practicable scheme of postgraduate medical education centred in London which they have drawn up takes the form of an unanimous recommendation that the British Postgraduate Hospital and Medical School should be established by means of the conversion of a public Hospital.

In parting from their subject in their present capacities, they trust that they may do some service to the cause which they have at heart, namely to secure that London should offer to the postgraduate medical students of Great Britain, the Empire, and the world, both the best instruction and the most cordial welcome which a great centre for the teaching and practice of medicine can provide, if they make a final reference to the course which their inquiry has followed and to the hopes with which they bring it to a close.

141. It will scarcely be supposed that a predominantly medical body constituted as is this Committee entered upon their task with any instinctive preference for a scheme in the form of the scheme which they ultimately recommend.

142. Deliberations so prolonged, and a Report so lengthy, would indeed have been superfluous but for the earnest desire of the Committee and its successive Chairmen to consider fully and fairly the alternatives to a scheme on that basis which have from time to time appeared to be practicable.

143. The Committee believe that this full and fair consideration has been given in turn to the possibilities of basing a scheme on (1) building and maintenance of a wholly new institution, (2) conversion of an existing Hospital in London having a Medical School, and (3) conversion of an existing voluntary Hospital not having a Medical School, and in particular the conversion of the West London Hospital.

They have, however, felt themselves driven by the logic of events, and in circumstances described in detail in this Report, to abandon each of these possibilities. They have done so on each occasion with reluctance, and with special reluctance so far as the West London Hospital is concerned, because of the protracted negotiations with the Committee into which the authorities of the Hospital so cordially entered, and the sense of disappointment which may legitimately be felt on their part that the issue of so much time and labour should not be different.

144. But if the scheme which the Committee have finally drawn up is unexpected, or even unwelcome, in character to any of those who desire as warmly as the Committee to see a remedy found for the great outstanding defect in British medical education, the Committee would suggest the reflection that the strength of the scheme is not that it was cherished by any of them as an ideal when they began their work, but that it has impressed itself upon their minds (despite any prepossessions in favour of schemes on other lines which might well have been lodged there) as by far the most practicable scheme, if not the sole practicable scheme, in sight.

145. The Committee feel no doubt that the conclusion at which they have arrived is what it is because the merits of a scheme based upon the conversion of a public Hospital only became clear, perhaps indeed only came into being, after they had already long been engaged upon their task.

146. The passage into law, and still more the practical administration, of the Local Government Act, 1929, must have a far-reaching effect upon the study and profession of medicine in this country, and among other things upon postgraduate medical education, however it may be organized and developed.

147. Though the Committee put forward the scheme which they recommend as a practicable scheme superior on its merits to the alternatives which they have reviewed, they are gratified to be able to feel that the British Postgraduate Hospital and Medical School, if it be established on this basis, will also serve to demonstrate to

this country and to the world that public control and the spirit of personal service are not incompatible, but complementary ; and that medical education and the application of medical art and skill can be developed to their highest capacity through the free association of a public Hospital with the teachers and students of a Medical School who bring into the common stock all that is best in the historic traditions of Hospitals founded and maintained on another footing, but to the same end.

Summary of the Findings and Recommendations of the Committee.

148. The Committee append the following summary of the principal findings and recommendations contained in their Report.

(1) The most serious defect in the existing provision for the further education of medical practitioners in medicine in London is that there is no Hospital and Medical School in London exclusively devoted to providing postgraduate medical education.

(2) It is of urgent importance in the interest of medical science and practice, and of the public in this country, in the British Empire, and abroad, that this defect should be remedied by the establishment in London of a British Postgraduate Hospital and Medical School.

(3) The Committee consider that the organization of a British Postgraduate Hospital and Medical School which is to fulfil the purposes for which it ought to be designed should include from the outset (*a*) a Hospital with not less than 400 beds, (*b*) a Medical School on the scale appropriate to a Hospital of this size, (*c*) residential accommodation for the postgraduate students of the Hospital and Medical School, and (*d*) provision for expansion to meet increased demands upon the original organization.

(4) After full consideration of alternative methods of securing the establishment of the British Postgraduate Hospital and Medical School within the shortest possible time, the Committee are unable to recommend as a practicable scheme either building a new Hospital and Medical School, or converting an existing Hospital which has a Medical School, or converting an existing voluntary Hospital which has not a Medical School.

(5) The Committee do not regard a scheme which involves building a new Hospital and Medical School as practicable, because the capital cost of such a scheme must be at least £1,000 for each Hospital bed provided, that is, not less than £400,000 for a Hospital with 400 beds.

Even this sum would not include the important items of (*a*) the cost of acquiring land sufficient for the original buildings and for subsequent extension, or (*b*) the cost of providing accommodation for postgraduate students partly on the Hospital premises but mainly at a separate residential hostel.

It would therefore be unsafe to estimate the total capital cost of a scheme on this basis as being less than £500,000.

Moreover, the cost of maintaining a Hospital with 400 beds (exclusive of the cost of maintaining the Medical School) could not be less than approximately £100,000 a year.

The Committee are not in a position to indicate any source from which so large a capital sum, or so large an annual income, can be reasonably expected to be forthcoming for the support of a completely new institution.

(6) The Committee are unable to recommend as practicable a scheme for the conversion of an existing Hospital which has a Medical School into the British Postgraduate Hospital and Medical School, because it is an essential condition of effective postgraduate teaching in medicine that postgraduate and undergraduate students should not be taught in the same Medical School, and there is no Hospital and Medical School in London otherwise suitable for conversion which is ready to comply with this condition by ceasing to provide instruction for undergraduate students, and accepting postgraduate students only.

(7) The Committee have made a prolonged and detailed inquiry into the possibility of recommending as a practicable scheme the conversion into the British Postgraduate Hospital and Medical School of one of the existing voluntary Hospitals in London which has not a Medical School, namely the West London Hospital.

(8) The capital cost of converting the West London Hospital (which now has 225 beds) into the British Postgraduate Hospital and Medical School with 400 Hospital beds, and providing the necessary equipment of the Hospital and Medical School, could not in the opinion of the Committee be less than £400,000; and the cost of maintaining the Hospital when the number of beds had reached 400, the minimum number which the Committee consider essential for a proper scheme, could not be less than approximately £100,000 a year (exclusive of the cost of maintaining the Medical School).

(9) Neither the Committee nor the authorities of the West London Hospital, who have examined the position in co-operation with the Committee, are able to point to any source from which a capital sum of at least £400,000 for the conversion of the Hospital, or an annual increase of income from the amount of less than £60,000 now raised by the Hospital to the amount of at least £100,000 required for the maintenance of 400 Hospital beds in the British Postgraduate Hospital and Medical School, can be secured at once or depended upon in the future.

(10) Apart from questions of finance, the site (covering only $2\frac{1}{2}$ acres) of the West London Hospital does not provide for any future expansion of the British Postgraduate Hospital and Medical School

beyond its minimum size ; and the fusion of the Hospital with the new organization would involve substantial difficulties with respect to the existing governing body and medical staff of the Hospital.

(11) The Committee accordingly felt at a certain stage of their inquiry that if they were to perform their duty by drawing up a practicable scheme, they must consider, as a further alternative means of securing the early establishment of the British Postgraduate Hospital and Medical School, the possibility of recommending the conversion of one of the existing public Hospitals in London which under the Local Government Act, 1929, will become County Council Hospitals in April, 1930.

(12) The Committee found that one of these Hospitals, namely the Hammersmith Hospital (which now has 400 beds) appeared to be specially suitable as a possible basis for the establishment of the British Postgraduate Hospital and Medical School.

(13) The Committee have come to the unanimous conclusion that not only on financial grounds, but also on medical and administrative grounds, the conversion of the Hammersmith Hospital is a practicable scheme of postgraduate medical education centred in London.

(14) The financial grounds for this conclusion are, first, that the capital cost of converting the Hammersmith Hospital to the new purpose should not, on the best estimate which the Committee can frame, be more than £200,000 or £250,000.

(15) The principal reason why conversion of the Hammersmith Hospital would cost so much less in capital than conversion of the West London Hospital is that the Hammersmith Hospital already has 400 Hospital beds in modern wards.

(16) Secondly, as regards the cost of the maintenance of patients in the Hospital, the prospective annual charge at the Hammersmith Hospital after its conversion to the new purpose should not be assumed to be less than approximately £100,000. But some part of the charge at a public Hospital would be recoverable from patients or persons liable to maintain them ; and the balance would naturally and properly be a charge on the rates in the same way as the present cost of the maintenance of patients at this and other public Hospitals.

(17) The medical and administrative grounds for the unanimous conclusion of the Committee that the conversion of the Hammersmith Hospital is a practicable scheme are that for the purposes of the British Postgraduate Hospital and Medical School the Hammersmith Hospital as converted would afford ample clinical facilities for postgraduate students ; that the reorganization of its management in relation both to medical staff and general governance should give rise to no insuperable difficulty ; that it is readily accessible both to teachers and students at a postgraduate centre and to students residing at a hostel in central London ; and that its site (covering 14 acres) gives ample room for expansion after the inauguration of a scheme of the minimum scope which is desirable.

(18) The Committee therefore unanimously report that they have drawn up a practicable scheme of postgraduate medical education centred in London by making the recommendation that the British Postgraduate Hospital and Medical School, comprising a Hospital with 400 beds, a Medical School, and residential facilities for postgraduate students, should be established, on a site which will permit of its future expansion as its services to the science and art of medicine and to the public are developed and recognized, by means of the conversion of a public Hospital, the Hammersmith Hospital, at which the 400 beds initially required are already available.

The residential facilities for students should be provided in part at the Hospital, but mainly at a separate hostel in the medical and social centre of London.

Arthur Greenwood (*Chairman*).

George Blacker.

Robert Bolam.

H. Guy Dain.

Dawson of Penn.

Herbert L. Eason.

Thomas Horder.

Hugh Maclean.

Moynihan.

George Newman.

John Parkinson.

Herbert J. Paterson.

Arthur Robinson.

Humphry Rolleston.

A. E. Webb-Johnson.

23rd January, 1930.

